

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2015
NAME OF PROVIDER OR SUPPLIER LEANS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 EAST STAGECOACH TRAIL FALLSTON, NC 28042		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Greg Williams DHSR Construction Section conducted a Biennial Survey on May 21, 2015 from 8:30 a.m. to 10:00 a.m. at the above referenced facility. DHSR records indicate the home was first licensed on November 01, 1989 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 (1987 Revisions) Rules for Family Care Homes minimum and desired standards and regulations" the applicable portions of the 2005 "Rules 10A NCAC 13G for Family Care Homes" and the 1978 (Revision 10) North Carolina State Building Code - Section 409.1(g) - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. It was noted during the survey that there was a section of linoleum flooring in the Staff Bedroom (front right) that was torn and creates a trip	C 174		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 174	Continued From page 1 hazard. Have the flooring repaired or replaced and provide documentation to our office when corrected. 2. In the Residents Bathroom (back left) the textured ceiling above the shower was flaking creating a hazard to Residents. Have the ceiling repaired and painted to match existing. Provide documentation to our office when corrected. 3. In the Residents Bathroom (front right) the textured ceiling around the exhaust fan had water stains and was flaking creating a hazard to residents. Have the ceiling repaired and painted to match existing. Provide documentation to our office when corrected. 4. When tested the emergency lights in the Hallway and Residents Bathroom (back left) indicated that the batteries were dead creating an unsafe condition for exiting in an emergency. Have the batteries replaced and provide documentation to our office when corrected.	C 174		